

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011747

1. Entity Name

MANAGED CARE PRESCRIPTION SERVICES, INC.

06-23-2000 90106 017 \*\*\*150:00

FILED

00 JUL 14 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE-FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6801 LAKE WORTH RD  
STE 324  
LAKE WORTH FL 33467  
US

6801 LAKE WORTH RD  
STE 324  
LAKE WORTH FL 33467-2966  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0413995

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAEGER, WILLIAM T  
3900 SHEARWATER DRIVE  
JUPITER FL 33477

Name: Calvin J. Dandley  
Street Address (P.O. Box Number is Not Acceptable): 6801 Lake Worth Rd  
#325  
City: Lake Worth FL Zip Code: 33467

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Calvin J. Dandley

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: T  
NAME: DANDLEY, CALVIN  
STREET ADDRESS: 6801 LAKE WORTH RD STE 324  
CITY-ST-ZIP: LAKE WORTH FL

TITLE: ☐ Change ☐ Addition  
NAME: 100003334711  
STREET ADDRESS: -07/25/00--01038--016  
CITY-ST-ZIP: \*\*\*\*\*400.00 ☐ Change ☐ Addition

TITLE: P  
NAME: SHENK, RANDALL R  
STREET ADDRESS: 6801 LAKE WORTH RD STE 324  
CITY-ST-ZIP: LAKE WORTH FL

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: S  
NAME: SAEGER, WILLIAM T  
STREET ADDRESS: 3900 SHEARWATER DR  
CITY-ST-ZIP: JUPITER FL

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: Asst. Vice President  
NAME: Kara Stapleton  
STREET ADDRESS: 6801 Lake Worth Rd #325  
CITY-ST-ZIP: Lake Worth, FL 33467

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kara Stapleton KARA Stapleton 6-19-00 (561)641-7499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03x (9/99)